

040804

16179 U.S. PTO

Please type a plus sign (+) inside this box →



PTO/SB/50 (06-03)

Approved for use through 01/31/2004. OMB 0651-0033

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## REISSUE PATENT APPLICATION TRANSMITTAL

<b>Address to:</b> Mail Stop Reissue Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450		<b>Attorney Docket No.</b> DEP-0350-R
		<b>First Named Inventor</b> Dale M. Pickelman
		<b>Original Patent Number</b> 6,439,833
		<b>Original Patent Issue Date (Month/Day/Year)</b> 08/27/2002
		<b>Express Mail Label No.</b> EL997930451US
<b>APPLICATION FOR REISSUE OF:</b> (Check applicable) <input checked="" type="checkbox"/> Utility Patent <input type="checkbox"/> Design Patent <input type="checkbox"/> Plant Patent		
<b>APPLICATION ELEMENTS (37 CFR 1.173)</b>		<b>ACCOMPANYING APPLICATION PARTS</b>
1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)		10. <input checked="" type="checkbox"/> Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		11. <input type="checkbox"/> Original Patent Grant
3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate)		<input type="checkbox"/> Ribboned Original Patent Grant
4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)		<input type="checkbox"/> Statement of Loss (PTO/SB/55)
5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 C.F.R. 1.175) (PTO/SB/51 or 52)		12. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)
6. <input checked="" type="checkbox"/> Power of Attorney		13. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
7. <input checked="" type="checkbox"/> Original U.S. Patent currently (If Yes, check applicable box(es)) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)
<input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53)		15. <input checked="" type="checkbox"/> Preliminary Amendment
<input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)		16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table		17. Other: <u>Certificate of Mailing</u>
9. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary) a. <input type="checkbox"/> Computer Readable Form (CFR) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies		
<b>18. CORRESPONDENCE ADDRESS</b>		
<input checked="" type="checkbox"/> Customer Number: <u>23413</u> OR <input type="checkbox"/> Correspondence address below		
Name		
Address		
City		State
Country		Telephone
Zip Code		Fax

NAME (Print/Type)

Philmore H. Colburn II

Registration No. (Attorney/Agent)

35,101

Signature

Date

April 8, 2004

This collection of information is required by 37 CFR 1.173. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Reissue, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

17513 U.S. PTO  
10/821281

040804



040804

16179 U.S. PTO

PTO/SB/56 (06-03)

Express Mail Label No.: EL997930451US

Approved for use through 01/31/2004. OMB 0651-0033  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number

DEP-0350-R

## Claims as Filed - Part 1

Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 31	Total Claims (37 CFR 1.16(j))	(B) 55	**** 24 =	x \$ 9 =	\$216	or	x \$ 18 = \$432
(C) 3	Independent claims (37 CFR 1.16(i))	(D) 5	* 2 =	x \$ 43 =	\$86		x \$ 86 = \$172
Basic Fee (37 CFR					\$385		\$770
Total Filing Fee					\$687		\$1,374

## Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	*	x \$ 9 =	\$0	x \$ 18 =	\$0
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ 43 =	\$0	x \$ 86 =	\$0
Total Additional Fee					\$0	OR		\$0

\* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

\*\* If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

\*\*\* After any cancellation of claims.

\*\*\*\* If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

\*\*\*\*\* "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

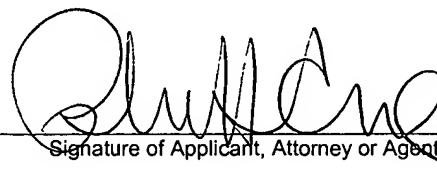
☐ Applicant claims small entity status. See 37 CFR 1.27.☐ Please charge Deposit Account No. \_\_\_\_\_ in the amount of \_\_\_\_\_.  
A duplicate copy of this sheet is☒ The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 06-1130.  
A duplicate copy of this sheet is enclosed.☒ A check in the amount of \$ 1,374 to cover the filing / additional fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

April 8, 2004

Date

35,101

Registration Number, if applicable



Signature of Applicant, Attorney or Agent of Record

Philmore H. Colburn II

Typed or printed name

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



**CERTIFICATE OF MAILING BY "EXPRESS MAIL" (37 CFR 1.10)**

Applicant(s): Dale M. Pickelman et al.

Docket No.

DEP-0350-R

Serial No.

Filing Date

Examiner

Group Art Unit

Invention: **V-BLADE IMPELLER DESIGN FOR A REGENERATIVE TURBINE**

I hereby certify that the following correspondence:

Reissue Patent Application Transmittal

*(Identify type of correspondence)*

is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

April 8, 2004*(Date)*Patricia A. Hart*(Typed or Printed Name of Person Mailing Correspondence)*  
*(Signature of Person Mailing Correspondence)*EL997930451US*("Express Mail" Mailing Label Number)***Note: Each paper must have its own certificate of mailing.**